MAIL TO: LOUISIANA BOARD OF PARDONS P. O. BOX 94304, BATON ROUGE, LOUISIANA 70804-9304

REQUIRED ATTACHMENTS FOR INCARCERATED APPLICANTS:

REQUIRED ATTACHMENTS FOR INCARCERATED APPLICANTS:
CURRENT MASTER PRISON RECORD WITH TIME COMPUTATION
JAIL CREDIT WORKSHEET SIGNATURE OF CLASSIFICATION
OFFICER, CONDUCT REPORT AND PROOF OF DIRECT APPEAL DENIAL (THOSE SENTENCED TO DEATH)
REQUIRED ATTACHMENTS FOR PAROLEES:
A COPY OF MASTER PRISON RECORD OR PAROLE CERTIFICATE
REQUIRED ATTACHMENTS FOR PROBATIONERS: A COPY OF SENTENCING MINUTES REQUIRED
ATTACHMENTS FOR OTHERS: A COPY OF FIRST OFFENDER PARDON, JUDGEMENT AND COMMITMENT
PAPERS. (FEDERAL CONVICTIONS) OR ANY OF THE ABOVE.

1. (a) NAME (PRINT):	(b) DOC#	(c) DOB
(d) RACE SEX (e) EDUCAT	IONAL LEVEL	
(f) AGE AT THE TIME OF OFFENSE	(g) PRESENT AGE	(h)OFFENDER CLASS
(i) PLACE OF INCARCERATION: (CURRENTLY INCARCERATED APPLICAN	T'S ONLY)	
(j) PARISH OF CONVICTION	JUDICIAL	DISTRICT/COURT
DOCKET# (k) OFFENS	SE(S): CHARGED WITH	
CONVICTED (YES OR NO) PLEAD T	'O:	
(1) PARISH OFFENSE WAS COMMITTED		
(m) SENTENCE DATE	(n) LENGTH	
(o) TIME SERVED	(p) PRIOR PROBAT	TION/PAROLENOYES
(q) COMPLETED SATISFACTORILY	YESNO DATES:	
IF NO, REASON FOR REVOCATION:		
(r) PRIOR CLEMENCY HEARINGN	O YES DATE OF THIS I	HEARING
APPROVED BY THE GOVERNORN	OYES DATE APPROVE	CD
(s) REASON FOR REQUESTING C	LEMENCY: AGE	MEDICAL TIME SERVED
CC PA PA RE RE	OMMUTATION OF SENTENCE - OMMUTATION OF SENTENCE - URDON AND RESTORATION WILL RDON AND RESTORATION WILL STORATION OF LA RIGHTS WILL STORATION OF LA RIGHTS WILL LEMENCY	OTHER <u>TH</u> FIREARMS <u>TH OUT</u> FIREARMS <u>ITH</u> FIREARMS
BRIEF NARRATIVE DETAILING THE EVENTS SURROUNDING THE OFFENSE: WRITE ON BACK OF THIS SHEET ONLY		
(u) INCARCERATED APPLICANTS ONLY DISCIPLINARY REPORTS: TOTAL SINCE DATE AND NATURE OF LAST	E INCARCERATED	
CUSTODY STATUS:MINIMUM	MEDIUMMAXIMUM	PRISON/MAILING ADDRESS:
VERIFIED BY:		
(CLASSIFICATION OFFICER SIGNA	TURE) (DATE)	
		*** HOME MAILING ADDRESS: PHONE NUMBER

(DATE)

(APPLICANT SIGNATURE)